

**Attachment E2: Country Clearance Form**

# **INTERNATIONAL TRAVEL NOS COUNTRY CLEARANCE REQUEST FORM**

Fill this form out completely and fax it and a copy of the Travel Authorization to the NOS Staff Office for International Programs (IPO) at least four (4) weeks prior to travel date. The fax number is (301) 713-4263. (Please note that Country Clearance Cables will not be transmitted to U.S. Embassies unless the 4-week leadtime policy is honored.)

- Please contact Sonja Smith at: [Sonja.Smith@noaa.gov](mailto:Sonja.Smith@noaa.gov) or call (301) 713-3078, Ext. 178.

## **SECTION I: TRAVELER ID INFORMATION**

**Name of Traveler/Title/NOS Program or Staff Office:**

**International Cell Phone (if available):**

**Emergency Contact:** Name, relationship, telephone number, and email address

**Purpose:** (This will be used in the cable. Use complete sentences. Spell out all acronyms; identify meeting sponsors):

**Describe role:** List titles of all your papers/presentations to be given at the meeting:

**U.S. Delegation:**      Yes      No

**Scientific Meeting:**      Yes      No

**Over 10 NOAA Participants (Group Travel) if known:**      Yes      No

## SECTION II: ITINERARY:

Please fill in completely

### **FLIGHTS**

<b>DEPART: City/Country</b>	<b>DATE</b>	<b>TIME</b>	<b>Airline &amp; Fl #</b>	<b>ARRIVE: City and Country</b>	<b>Date</b>	<b>Time</b>

### **HOTELS**

<b>Hotel Name</b>	<b>Address</b>	<b>Arrive</b>	<b>Depart</b>	<b>Telephone</b>	<b>Fax</b>

### **Host/Inviting Organization Point of Contact (in-Country)**

<b>Name</b>	<b>Organization</b>	<b>Country</b>	<b>Tel/Fax</b>	<b>E-Mail</b>	<b>Date</b>

### **On Site Meeting Contact Information:**

<b>Name of Bldg or Hotel</b>	<b>Address</b>	<b>Telephone/Fax</b>	<b>Email</b>

### **SECTION III: EMBASSY INFORMATION**

**Contact information for U.S. Embassy in-country:**

Use the following web site to cite the relevant embassy or consulate office:

<http://usembassy.state.gov/>

Look for a “contact us” section” and paste in contact information below: (If you already have a designated embassy contact, please cite:)

**Is assistance requested of the Embassy?**      Yes      No

If assistance is required (usually for high-level officials), please specify. The traveler(s) should be aware of a possible embassy charge for some services.

If yes, please provide accounting information.

### **SECTION IV: OTHER PERTINENT INFORMATION**

Name of Travel Processor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Rev 4 September 16, 2005